

<i>SERFF Tracking Number:</i>	<i>LHLI-126833988</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Sterling Investors Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>46925</i>
<i>Company Tracking Number:</i>	<i>TLSIL10-AR RS</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>Individual Ten Year Term Life Insurance</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: Sterling Investors Life Insurance Company

Product Name: Individual Ten Year Term Life Insurance SERFF Tr Num: LHLI-126833988 State: Arkansas

TOI: L04I Individual Life - Term SERFF Status: Closed-Approved-Closed State Tr Num: 46925

Sub-TOI: L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life Co Tr Num: TLSIL10-AR RS State Status: Approved-Closed

Filing Type: Form Reviewer(s): Linda Bird

Authors: Shirley Grossman, Cathy Patterson, Wanda McNeece, Sally Roudebush, Rodney Hartwig, Robin Sellars

Date Submitted: 09/29/2010 Disposition Date: 10/05/2010
Disposition Status: Approved-Closed

Implementation Date Requested: On Approval Implementation Date:
State Filing Description:

General Information

Project Name:	Status of Filing in Domicile: Pending
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 10/05/2010	Explanation for Other Group Market Type:
	State Status Changed: 10/05/2010
Deemer Date:	Created By: Robin Sellars
Submitted By: Robin Sellars	Corresponding Filing Tracking Number:
Filing Description:	
September 29, 2010	

SERFF Tracking Number: LHLI-126833988 State: Arkansas
Filing Company: Sterling Investors Life Insurance Company State Tracking Number: 46925
Company Tracking Number: TLSIL10-AR RS
TOI: L04I Individual Life - Term Sub-TOI: L04I.213 Specified Age or Duration -
Fixed/Indeterminate Premium - Single Life

Product Name: Individual Ten Year Term Life Insurance

Project Name/Number: /

Re: Sterling Investors Life Insurance Company, NAIC #89184

Form: TLSIL10-AR – Individual Ten Year Term Life Insurance Policy
TLAPPSIL10-AR – Individual Ten Year Term Life Insurance Application
TADBRASIL10 – Accidental Death Benefit Insurance Rider

Actuarial Memorandum

Letter of Authorization

Certification of FLESCHE

Statement of Variability

\$150.00 Filing Fee

Dear Sir or Madam:

We are submitting the above noted forms for your review and approval. Lincoln Heritage Life Insurance Company has been authorized to file the above captioned filing on behalf of Sterling Investors Life Insurance Company. Enclosed is a copy of the authorization letter and the actuarial memorandum. These products will be marketed through direct response mailings to individuals who are residing in the state of Arkansas.

These forms will not be marketed with an illustration. These are new forms and do not replace any previously filed or approved forms.

Form TLSIL10-AR is a ten year term life insurance policy. Level premiums are paid by the policyholder for 10 years. At the end of the ten year term, the policy is non-renewable. This policy includes an accidental death benefit.

Form TAPPSIL10-AR is the application that will be completed by individuals applying for term life insurance coverage. This form will initially be used with form TLSIL10-AR.

TADBRASIL10 is the accidental death benefit rider that will provide additional accidental death coverage at the option of the applicant. Form ADACTSIL10-AR will be used to offer the additional accidental death coverage. Form ADACTSIL10-AR was filed under SERFF Tracking Number LHLI-12674366813 and approved on September 13, 2010.

To the best of my knowledge, information and belief, these forms are in compliance with the provisions of the insurance laws, rules and regulations of your state, and do not contain any controversial, unusual or previously disapproved provisions.

If you have any questions or require any further information please contact me at 800-433-8181 or email me at

SERFF Tracking Number: LHLI-126833988 State: Arkansas
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TOI: L04I Individual Life - Term Sub-TOI: L04I.213 Specified Age or Duration -
Fixed/Indeterminate Premium - Single Life

Product Name: Individual Ten Year Term Life Insurance

Project Name/Number: /

robin.sellars@londen-insurance.com.

Sincerely,

Robin Sellars
Compliance Associate
Lincoln Heritage Life Insurance Company

Company and Contact

Filing Contact Information

Robin Sellars, compliance associate robin.sellars@londen-insurance.com
4343 E Camelback Road 800-433-8181 [Phone]
Suite 400 602-808-8845 [FAX]
Phoenix, AZ 85018

Filing Company Information

Sterling Investors Life Insurance Company CoCode: 89184 State of Domicile: Georgia
210 E Second Avenue, Suite 105 Group Code: Company Type: Life
Rome, GA 30161 Group Name: State ID Number:
(706) 235-8154 ext. [Phone] FEIN Number: 59-1838073

Filing Fees

Fee Required? Yes
Fee Amount: \$150.00
Retaliatory? Yes
Fee Explanation: 3 forms filed x \$50.00 per form = \$150.00 total filing fees,
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Sterling Investors Life Insurance Company	\$150.00	09/29/2010	40005846

SERFF Tracking Number:	LHLI-126833988	State:	Arkansas
Filing Company:	Sterling Investors Life Insurance Company	State Tracking Number:	46925
Company Tracking Number:	TLSIL10-AR RS		
TOI:	L04I Individual Life - Term	Sub-TOI:	L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life
Product Name:	Individual Ten Year Term Life Insurance		
Project Name/Number:	/		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	10/05/2010	10/05/2010

<i>SERFF Tracking Number:</i>	<i>LHLI-126833988</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Sterling Investors Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>46925</i>
<i>Company Tracking Number:</i>	<i>TLSIL10-AR RS</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>Individual Ten Year Term Life Insurance</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Disposition

Disposition Date: 10/05/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: LHLI-126833988 State: Arkansas

Filing Company: Sterling Investors Life Insurance Company State Tracking Number: 46925

Company Tracking Number: TLSIL10-AR RS

TOI: L04I Individual Life - Term Sub-TOI: L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life

Product Name: Individual Ten Year Term Life Insurance

Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	3rd Party Authorization		Yes
Supporting Document	Statement of Variability		Yes
Form	Individual Ten Year Term Life Insurance		Yes
Form	Individual Ten Year Term Life Insurance		Yes
	Application		
Form	Individual Ten Year Term Accidental		Yes
	Death Benefit Rider		

SERFF Tracking Number: LHLI-126833988 State: Arkansas

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TOI: L04I Individual Life - Term Sub-TOI: L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life

Product Name: Individual Ten Year Term Life Insurance

Project Name/Number: /

Form Schedule

Lead Form Number: TLSIL10-AR

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	TLSIL10-AR	Policy/Cont Individual Ten Year ract/Fratern Term Life Insurance al Certificate	Initial		47.100	TLSIL10-AR.pdf
	TLAPPSIL10-AR	Application/ Individual Ten Year Enrollment Term Life Insurance Form Application	Initial		50.800	TLAPPSIL10-AR.pdf
	TADBRSIL10	Policy/Cont Individual Ten Year ract/Fratern Term Accidental al Death Benefit Rider Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		43.400	TADBRSIL10.pdf

STERLING INVESTORS LIFE INSURANCE COMPANY
A Georgia Stock Company

Principal Office

[210 East Second Avenue, Suite 105]
[Rome, GA 30161]
[Toll Free: 877-604-5240]

Administrative Office

[7930 Century Boulevard]
[Chanhassen, MN 55317-8001]
[Toll Free: 800-XXX-XXXX]

This Policy is a legal contract between the Policyowner named in the application and the Company named above. This Policy is issued to You in consideration of the Application and payment of premiums.

We will pay the Death Benefit set forth in the Policy Schedule, less any premium due; to the Beneficiary when We receive due proof that the Insured's death occurred while this Policy was in force. Proof of death must be received at Our Administrative Office. Our payments are subject to the terms and conditions of this Policy. A copy of the Application is attached to and made a part of this Policy.

NOTICE OF THIRTY (30) DAY RIGHT TO EXAMINE POLICY – PLEASE READ YOUR POLICY CAREFULLY – If for any reason You are not satisfied with this Policy, You may cancel it at any time within thirty (30) days of receiving it. This Policy must be returned to Our Administrative Office. If this Policy is so returned, We will void it from its date of issue and return all payments made to You. The Payments will be returned within ten (10) days after We receive the returned Policy.



Secretary



President

**TEN-YEAR LEVEL TERM LIFE INSURANCE POLICY
WITH ACCIDENTAL DEATH BENEFIT
PREMIUMS PAYABLE FOR TEN YEARS
NON-PARTICIPATING
NON-RENEWABLE**

POLICY CONTENTS

	Pages
Read Your Policy Carefully.....	1
Right to Cancel.....	1
Policy Contents.....	2
Policy Schedule Page.....	3
Definitions.....	4
General Provisions.....	5
Payment of Premiums.....	5
Grace Period.....	5
Reinstatement.....	5
Death Benefits.....	6
Payment of Proceeds.....	6
Accidental Death Benefits.....	6
Application - Attached	

**STERLING INVESTORS LIFE INSURANCE COMPANY
PRINCIPAL OFFICE: ROME, GEORGIA**

Policy Schedule Page

Ten Year Level Term Life Insurance

Policyowner/Insured:	[John Doe]	Policy Number:	[1234567]
Issue Age:	[35]	Death Benefit:	[\$5,000.00]
Date of Issue:	[September 29, 2010]	Expiration Date:	[September 29, 2020]

Accidental Death Benefits

Accidental Death	\$20,000.00
Common Carrier Accident	\$40,000.00
Automobile Accident	\$80,000.00

Premiums

	<u>Annual</u>	<u>Semi Annual</u>	<u>Quarterly</u>	<u>Monthly</u>
Premium	[\$307.68]	[\$153.84]	[\$76.92]	[\$25.64]
Policy Fee	[\$24.00]	[\$12.00]	[\$6.00]	[\$2.00]
Total	[\$331.68]	[\$165.84]	[\$82.92]	[\$27.64]

**TEN-YEAR LEVEL TERM LIFE INSURANCE POLICY
WITH ACCIDENTAL DEATH BENEFIT
PREMIUMS PAYABLE FOR TEN YEARS
NON-PARTICIPATING
NON-RENEWABLE**

DEFINITIONS

“Accidental Death” means death which results from accidental bodily injury as a direct result of a covered accident sustained by the Insured. Accidental death must be independent of disease, bodily infirmity or any other non-accidental cause.

“Age” means the Age of the Insured on their last birthday.

“Application” means the form used to apply for this Policy as completed by You.

“Date of Issue” means the effective date of coverage under this Policy and the date from which Policy anniversaries and premium due dates are determined.

“Expiration Date” means the date that coverage under this Policy will end.

“Exclusion” means a risk We do not assume and this Policy will not cover.

“Insured” means the person on whose life coverage is based. The Insured is named on the Schedule Page.

“Lapse” is the termination of this Policy of Coverage due to nonpayment of premium.

“Policyowner” means the individual who controls all rights and benefits. The Policyowner is named on the Schedule Page.

“Reinstatement” means restoring coverage after Coverage under this Policy has lapsed due to nonpayment of premiums.

“We,” “Us,” and “Our,” mean Sterling Investors Life Insurance Company.

“You” and “Your” mean the Policyowner.

GENERAL PROVISIONS

CONTRACT – The entire Contract consists of these Policy pages, Your attached Application, and attached endorsements and riders, if any. All statements made in the Application will be considered representations and not warranties. No statement made relating to insurability will be used in any contest unless it is contained in the Application and a copy has been furnished to You, the Insured, the Beneficiary or a personal representative.

MODIFICATION OF CONTRACT – No change or waiver of any of the terms and provisions of this Policy will be valid unless made in writing by Us and signed by an Officer of Our Company. No producer or other person has the authority to change or waive any provision of this Policy.

GRACE PERIOD – A period of thirty-one (31) days, without interest, will be allowed for the payment of any premium, after the first. This Policy will be continued in force during this period. If death should occur during this grace period, the unpaid premium will be deducted from any amount payable under this Policy. If a premium is not paid before the end of the grace period, this Policy will Lapse.

PAYMENT OF PREMIUM – The initial premium is due as of the Policy issue date. To keep this Policy in force each premium must be paid in advance. The premiums can be paid at Our Administrative Office. We will issue a receipt, signed by Our Secretary, for the premium. A premium not paid when due is in default at the end of the grace period. Any premiums paid beyond the Policy month of the date of death will be returned as part of the Death Benefit.

The premium amount and interval of payment are shown on the Schedule Page. You may change the mode of payment for any Policy on any Policy anniversary by giving written notice to Us. A change in the mode of payment will be subject to Our minimum premium requirements.

INCONTESTABILITY – We cannot contest any claim for death occurring two years after the date of issue of this Policy, unless premiums were not paid. If the incontestability period is different for any riders, it will be stated on the rider.

If this Policy is reinstated, explained in the reinstatement section, any claim may be contested for the same period following reinstatement, based on the answers given in the reinstatement application. The same conditions and exceptions, with respect to contestability, will apply after reinstatement as applied after original issuance.

MISSTATEMENT OF AGE OR SEX – If Your age or sex has been misstated on the Application, any amount payable will be that which the premiums paid would have purchased based upon the correct age or sex. In the event that the age is misstated and We would not have originally issued this Policy, Our liability shall be limited to the return of all the premiums that were paid.

REINSTATEMENT – This Policy may be reinstated within five (5) years from the date of premium default. The Insured must provide a written reinstatement application, proof of insurability acceptable to Us and payment of past due premiums with interest. Our determination of the Insured's continued insurability and the payment of all overdue premiums with interest must occur during the lifetime of the Insured.

POLICYOWNER – The Policyowner is named in the Application. You may use all rights and privileges granted in this Policy without the consent of any but an Irrevocable Beneficiary. You may transfer ownership of this Policy to a new owner. Any change must be requested by You in writing. Such change will be effective as of the date of the request but is subject to any payment made or action taken by Us before We endorse the Policy.

If You do not survive the Insured and no contingent owner is named, the contingent owner will be Your spouse. If You do not have a spouse, the contingent owner will be the Insured for their respective coverage. If any Insured is a minor, the contingent owner of their coverage will be Your estate.

ASSIGNMENT – You may assign this Policy. The assignment must be in writing. We are not responsible for the validity, correctness, adequacy or effect of any assignment. The rights of an Assignee may limit Your rights and the rights of the Beneficiary. We are not charged with notice of an assignment unless We acknowledge in writing Our receipt of such assignment.

SUICIDE – If the Insured, whether sane or insane, dies by suicide within two years from the Policy Date, Our liability will be limited to an amount equal to the premiums paid for this Policy.

CHANGE OF BENEFICIARY – The Beneficiary or Beneficiaries are named in the Application. If You have reserved the right to change the Beneficiary, You may change the Beneficiary at any time during the lifetime of the Insured. The request to change the Beneficiary must be made to Us in writing. Any change will be subject to assignment of this Policy and the approval of each irrevocably named Beneficiary. The effective date of the change will be the date the request was signed. We will not be liable for any payment made or action taken by Us before We receive Your request. If no Beneficiary survives the Insured, the Policyowner becomes the Beneficiary. If no Beneficiary or the Policyowner survives the Insured, the Beneficiary will be the Insured's estate.

STATEMENT OF CONFLICT – If any of the provisions of this Policy do not follow the laws of the state where the Application was signed, those provisions will be treated in accordance with the minimum requirements of those laws.

DEATH CLAIM – We will pay the Death Benefit set forth in the Policy Schedule Page, less any premium due, to the Beneficiary when We receive due proof of death of the Insured. Proof of death must show that death occurred while this Policy was in force. Payment will be made to the Beneficiary listed on the Application, unless We have been notified of a change of Beneficiary. The Death Benefit will be paid in one lump sum.

PAYMENT OF PROCEEDS – Payment of proceeds under this Policy will include premiums paid for any period beyond the end of the Policy month in which the death occurred, unless the refund of premiums is due some other person pursuant to the Policy provisions. If payment is not made within thirty (30) days from the date proof of death was furnished, We will pay interest upon the proceeds or refund of premium.

ACCIDENTAL DEATH BENEFIT - We agree to pay the benefit amount shown on the Schedule Page to the beneficiary when We receive due proof of the accidental death of the Insured. Such proof must show that death occurred within ninety (90) days of a covered accident and while this Policy was in force. The proof of accidental death must show that death is not a direct result and is not caused by any one or more of the **Accidental Death Exclusions** outlined in this Policy.

Payment shall be paid in one lump sum and shall be in addition to any other amounts payable.

ACCIDENTAL DEATH EXCLUSIONS – These are risks We do not assume.

- (a) Intentional self-inflicted injury, while sane or insane.
- (b) Any poison, drug, alcohol, narcotic, sedative, medicine of any kind, gas or fumes, voluntarily taken, administered, absorbed or inhaled
 - 1. except when taken as prescribed by a physician;
 - 2. except the accidental ingestion of a poisonous food substance;
 - 3. except while conducting one's duties during the course of employment, in the case of gas or fumes.
- (c) Bodily or mental infirmity, illness, or disease of any kind or by infections, except infections occurring as the result of an accidental bodily injury.
- (d) Medical or surgical treatment, except when required as the result of an accident.
- (e) Operating, riding in or descending from any military, naval or air force aircraft of any country or any aircraft of which the Insured is a pilot, officer or member of the crew or which is being operated for any kind of training.
- (f) Committing or attempting to commit an assault or felony.
- (g) Operating a vehicle while legally intoxicated as specified by state law.

SPECIAL COMMON CARRIER – We will pay an amount equal to four times the Accidental Death Benefit if death occurs as defined in the following.

AIRPLANES: While riding as a fare-paying passenger in a licensed passenger aircraft provided by a certified scheduled airline carrier and operated by a licensed pilot on a regularly scheduled flight between definitely established airports.

RAILWAYS: While riding as a fare-paying passenger in a railroad passenger car provided by and operating as a common carrier for passenger service only.

MOTOR BUSES: While riding as a fare-paying passenger in a public motor bus, operating as a common carrier. While such public motor bus is being driven or operated by a licensed driver for public hire and is traveling on a regular schedule between definitely established terminals.

BOATS and SHIPS: While riding as a fare-paying passenger in or upon a passenger boat or ship provided by and operating as a common carrier licensed for the transportation of passengers on a regular schedule between definitely established ports.

ELEVATED, SUBWAYS AND STREET CARS: While riding as a fare-paying passenger in a street railway car, elevated or subway car provided by and operating as a common carrier for passenger service.

PASSENGER AUTOMOBILE – We will pay an amount equal to two times the Accidental Death Benefit if death occurs as a result of an injury sustained while riding in a passenger automobile, traveling on a designated and maintained public roadway.

**TEN-YEAR LEVEL TERM LIFE INSURANCE POLICY
WITH ACCIDENTAL DEATH BENEFIT
PREMIUMS PAYABLE FOR TEN YEARS
NON-PARTICIPATING
NON-RENEWABLE**

TLSIL10-AR

Application for Ten-Year Term Life Insurance

Sterling Investors Life Insurance Company
7930 Century Boulevard, Chanhassen, MN 55317

Please correct any inaccurate information below.

[000000000000 00000000]
[May B. Doe]
[123 Anystreet, 3E]
[Yorton, SM 12345-6789]

Birth Date: [00/00/00] Male: [] Female: [X]

Telephone: [()]

Cash benefit amounts: [\$XX,XXX.XX] death due to common carrier accident; [\$XX,XXX.XX] death due to auto accident;
[\$XX,XXX.XX] death due to accident; [\$XX,XXX.XX] death due to natural causes

Name your beneficiary (optional): Relationship:

If no person is named here, the beneficiary will be: (1) your surviving spouse; otherwise, (2) your surviving children in equal shares; otherwise, (3) as provided in the insurance policy.

Health questions: (If your answer to a health question below is "Yes," the policy benefit will be modified.)

1. In the past five years, have you been diagnosed or treated by a physician or taken medicine for heart disease (including congestive heart failure or heart surgery), cancer, lung disease (other than asthma), stroke, kidney disease, liver disease, AIDS, or tested positive for HIV? ☐ Yes ☐ No
2. Are you currently disabled due to illness, using oxygen to assist in breathing, confined to a hospital or nursing home, bedridden, confined to a wheelchair, or taking insulin injections for diabetes? ☐ Yes ☐ No
3. In the past five years, have you received medical treatment for alcohol or drug addiction, or been convicted of a DUI or DWI? ☐ Yes ☐ No

If this coverage will replace or change any life insurance or annuity you have now, please check here: ☐

If yes, list company and policy #

I agree that: The information above is true and complete to the best of my knowledge. This application will be the basis for and part of the policy. No insurance will take effect unless a policy is issued and the first premium is paid while I am alive and my health remains as stated above.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

X Sign your name: Insured/Policyowner Date / /
Mo. Day Yr.
[XXXXXXXXXXXX]

TLAPPSIL10-AR

STERLING INVESTORS LIFE INSURANCE COMPANY
A Georgia Stock Company
Principal Office: Rome, Georgia

ACCIDENTAL DEATH BENEFIT RIDER
Forming a part of the Policy to which it is attached

Insured's Name: [John Doe]

Policy Number : [XXXXXXXXXXXXXX]

ACCIDENTAL DEATH BENEFIT – We will pay the benefit amount below to the beneficiary, when We receive due proof of the death of the Insured. Death must occur within ninety (90) days of a covered accident. Death must occur while this Rider and the Policy are in force. The payment of the death benefit will be subject to the terms and conditions of this Rider. The benefit amount will be paid in one lump sum. The benefit amount will be in addition to any other amounts payable under the Policy.

ACCIDENTAL DEATH BENEFITS

Accidental Death

[XXXXXX.XX]

DEFINITION OF ACCIDENTAL DEATH – Accidental death is a death which results from accidental bodily injury as a direct result of an accident sustained by the Insured. Death must be independent of disease, bodily infirmity, or any other non-accidental cause. Death must occur within ninety (90) days after the date the injury was sustained. Death can not be a direct result of or not caused by any one or more of the following, which are risks We do not assume.

- (a) Intentional self-inflicted injury, while sane or insane.
- (b) Any poison, drug, alcohol, narcotic, sedative, medicine of any kind, gas or fumes, voluntarily taken, administered, absorbed or inhaled;
 - 1. except when taken as prescribed by a physician;
 - 2. except the accidental ingestion of a poisonous food substance; and
 - 3. except while conducting one's duties during the course of employment, in the case of gas or fumes.
- (c) Bodily or mental infirmity or illness or disease of any kind or by infections; except infections occurring as the result of an accidental bodily injury.
- (d) Medical or surgical treatment; except when required as the result of an accident.
- (e) Operating, riding in or descending from any military, naval or air force aircraft of any country or any aircraft of which the Insured is a pilot, officer, member of the crew or which is being operated for any kind of training.
- (f) Committing or attempting to commit an assault or felony.
- (g) Operating a vehicle while legally intoxicated as specified by state law.

SPECIAL COMMON CARRIER – We will pay an amount equal to four times the Accidental Death Benefit if death occurs within ninety (90) days from the date of accidental injury as defined in the following:

AIRPLANES – While riding as a fare-paying passenger in a licensed passenger aircraft provided by a certified scheduled airline carrier and operated by a licensed pilot on a regularly scheduled flight between definitely established airports.

RAILWAYS – While riding as a fare-paying passenger in a railroad passenger car provided by and operating as a common carrier for passenger service only.

MOTOR BUSES – While riding as a fare-paying passenger in a public motor bus, operating as a common carrier, and being driven or operated by a licensed driver for public hire on a regular schedule between definitely established terminals.

BOATS, SHIPS – While riding as a fare-paying passenger in or upon a passenger boat or ship provided by and operating as a common carrier licensed for the transportation of passengers on a regular schedule between definitely established ports.

ELEVATED, SUBWAYS AND STREET CARS – While riding as a fare-paying passenger in a street railway car, elevated or subway car provided by and operating as a common carrier for passenger service.

PASSENGER AUTOMOBILE – We will pay an amount equal to two times the Accidental Death Benefit, If death occurs as a result of an injury sustained while riding in a passenger automobile, traveling on a designated and maintained public roadway. Death must occur within ninety (90) days from the date of the accident.

AUTOPSY – We will have the right and opportunity to examine the body and, unless prohibited by law, to have an autopsy performed. This will be at Our expense.

TERMINATION OF RIDER – This rider will terminate and become null and void on the earliest of the following dates or events. No action will be required by Us. No notice will be sent to You and no notice will be required from You.

1. the prior lapse of the Policy, or
2. surrender of the Policy, or
3. written request for cancellation of the Policy.

EFFECTIVE DATE – The effective date of this Rider will be the Policy date.

RIDER APPLICABILITY – All provisions of the Policy will apply to this Rider.

A handwritten signature in cursive script, enclosed in a rectangular box.

President

A handwritten signature in cursive script, enclosed in a rectangular box.

Secretary

SERFF Tracking Number: LHLI-126833988 State: Arkansas
Filing Company: Sterling Investors Life Insurance Company State Tracking Number: 46925
Company Tracking Number: TLSIL10-AR RS
TOI: L04I Individual Life - Term Sub-TOI: L04I.213 Specified Age or Duration -
Fixed/Indeterminate Premium - Single Life
Product Name: Individual Ten Year Term Life Insurance
Project Name/Number: /

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: FLESCH Certification.pdf		
Satisfied - Item: 3rd Party Authorization Comments: Attachment: authorization - for filing.pdf		
Satisfied - Item: Statement of Variability Comments: Attachment: Statement of Variability.pdf		

CERTIFICATION OF FLESCH READABILITY SCORE

Arkansas

I certify that the forms listed below achieve the following:

- (1) The text achieves a minimum score of 40 on the Flesch reading ease test.
- (2) Except for specification pages, schedules and tables the forms are printed in not less than ten (10) point type, one (1) point leaded.

Policy Form(s):

TLSIL10-AR – Individual Ten Year Term Life Insurance Policy
TLAPPSIL10-AR – Ten Year Term Life Insurance Application
TADBRASIL10 – Accidental Death Benefit Insurance Rider

STERLING INVESTORS LIFE INSURANCE COMPANY



Elwood Whitacre, Secretary

September 29, 2010




STERLING INVESTORS LIFE INSURANCE COMPANY

210 E. Second Avenue
Ste.105
Rome, Georgia 30161
Tel (706) 235-8154
Fax (866) 889-4054

May 14, 2010

Lincoln Heritage Life Insurance Company, located at 4343 E. Camelback Road, Phoenix AZ 85018, is hereby authorized in its capacity as Sterling Investors Life Insurance Company's reinsurer, to file on behalf of Sterling Investors Life Insurance Company forms, rates and advertising materials for the Company's Direct Market Life Insurance policies with the state insurance departments and correspond with state insurance departments regarding any questions they may have concerning the filings.

A copy of this letter is as valid as the original. This authorization will be valid for twelve months from the date of this letter.



Delos H. Yancey Jr.
President

Statement of Variability

All variables in the policy, application and rider have been bracketed.

Issue Ages are 20-69

The other variables are applicant specific or are dependent on Death Benefit chosen as follows:

No text of any of the provisions of both forms is variable.

Form TLSIL10-AR– Individual Ten Year Term Life Insurance Policy

Page one shows the Principal Office and the Administrative Office.

The principal office address is the home office for Sterling Investors Life Insurance Company.

This address would only change if the company should move the location of its offices.

The administrative office is the third party administrator that will contract to service each of the certificates and the policy. This address would change if we contracted with a new third party administrator.

Pages three is the schedule page and has the information that is specific to the individual that is applying for the certificate. This page has the premium information that will also be specific to each individual based on attained age and the length of time of the membership in the group. The information on this page will be different for each policyholder.

Form TADBRSil10 – Accidental Death Benefit Insurance Rider

The information on page one of the Rider is specific to the Insured.

The Insured's name, Policy Number, Accidental Death Benefit amount is all specific to the Insured. This information will change for each individual Insured.

Page two of the Rider lists the President and Secretary of Sterling Investors Life Insurance Company. This information would only change if a new President or Secretary were put in place.

Form TLAPPSIL10-AR - Application Form for Individual Life Insurance

The information on this form is specific to the individual applying for the Policy.

This information will change for each individual policyholder.